10/699,749

Application or Docket Number

10699749

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			85					RATE	FEE		RATE	FEE
FC)R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	33 minus 20=		.13			X\$ 9=		OR	X\$18=	43U
INDEPENDENT CLAIMS 5 mi				nus 3 =	. 2			X43=		OR	X86=	471
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0"					*0* in c	∞lumn 2	,	TOTAL		OR	TOTAL	1176
CLAIMS AS AMENDED - PART II							SMALL E	ENTITY	OTHER SMALL	-		
(Column 1)				(Column 2) (Column 3)) 1 · [SWIALL		OR I I	SINCLE	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 27	Minus	** *	33	=		X\$ 9=		OR	X\$18=	
	Independent	* # NTATION OF MI	Minus	***	S. Alla	=	┨┃	X43=		OR	X86=	
<u> </u>	FIRST PRESE	INTATION OF M	JETIPLE DEF	ENDENT	CLAIM		ا ا	+145=		OR	+290=	
		•						TOTAL		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ·	*	Minus	**		=		X\$ 9=.		OR	X\$18=	
	Independent	*	Minus	***	C1 A114	=	┨╽	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	LIPLE DEP	ENDEN	CLAIM		, [+145=		OR	+290=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= <u>.</u> .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	<u> </u>	=		X43=		o'R	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			1200-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290= TOTAL	
	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	SPACE is	less that	n 20, enter "20.		DDIT. FEE	•	OR ,	ADDIT. FEE	
		ber Previously Paid					er four	nd in the app	ropriate box	in col	umn 1.	I